



## CARLISLE FIRE DEPARTMENT

80 Westford Road—P.O. Box 575

Carlisle, MA 01741

978-369-2888 Chief

978-369-1442 Dispatcher

### SPECIAL NEEDS RESIDENT REGISTRATION FORM

Name: \_\_\_\_\_  
First Last

Street Address \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Telephone: home \_\_\_\_\_ cell \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Telephone: home \_\_\_\_\_ cell \_\_\_\_\_

**I realize I should leave a message at the Fire Station number, 978-369-2888, if I don't need to be contacted because I've gone to stay with friends or family in a weather emergency, or if I should be taken off the list entirely because I've moved away from Carlisle.**

#### **SPECIAL NEED or CONSIDERATION** (check *all* that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Life Support Equipment        | <input type="checkbox"/> Live Alone               |
| <input type="checkbox"/> Special medical need          | <input type="checkbox"/> Cognitive Impairment     |
| <input type="checkbox"/> Mobility Impaired or Disabled | <input type="checkbox"/> Speech Impairment        |
| <input type="checkbox"/> Visual Impaired or Blind      | <input type="checkbox"/> Deaf or Hearing Impaired |

I understand that by submitting this information to the Carlisle Fire Department that it will be entered into the Locations Database of the Carlisle Fire Department. I further understand that this information will be kept confidential and is only intended to be used in times of emergency such as a prolonged power outage, severe winter storm, or other natural or manmade disaster. In these situations I may require assistance and give permission for the use of this information to contact me to provide emergency assistance and support if needed. I also acknowledge that it is my responsibility to keep this information up to date with the Carlisle Fire Department.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_